

Comment report

Lists all the questions in the survey and displays all the comments made to these questions, if applicable.

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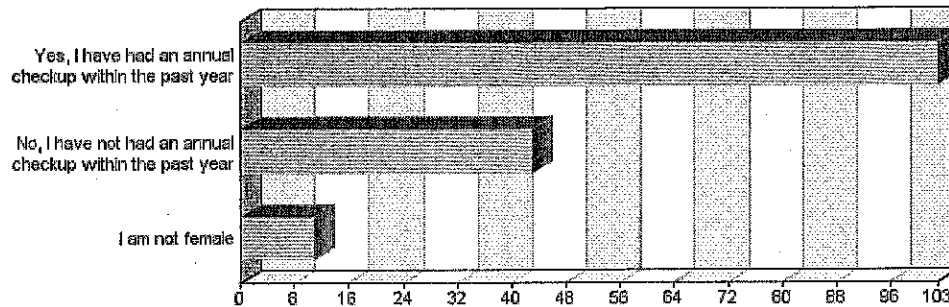
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Report info

Report date:	Wednesday, August 31, 2016 10:40:25 AM PDT
Start date:	Wednesday, April 27, 2016 8:42:00 AM PDT
Stop date:	Monday, May 1, 2017 8:00:00 AM PDT
Stored responses:	175
Number of completed responses:	104

Question 1

If you are female, have you gone to your health care provider for your yearly checkup in the last year? (A yearly checkup may include a pap smear, breast exam, diabetes screening, mental health/substance use screening, vaccinations, etc. This is also an opportunity to ask your provider questions about your health.)



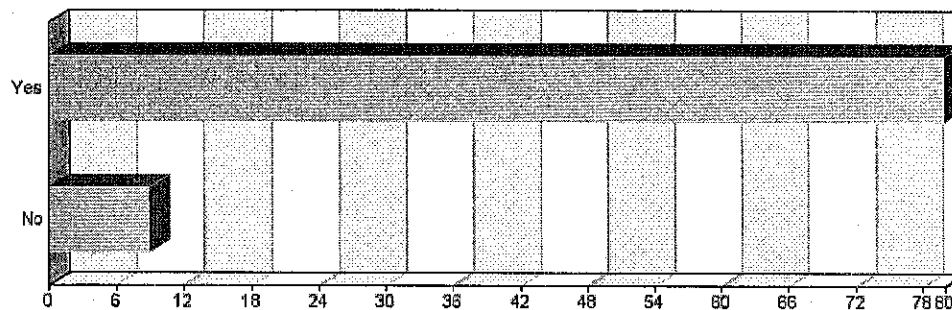
Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes, I have had an annual checkup within the past year	103	58.86%	65.61%
No, I have not had an annual checkup within the past year	43	24.57%	27.39%
I am not female	11	6.29%	7.01%
Sum:	157	89.71%	100%
Not answered:	18	10.29%	-

Total answered: 157

Question 2

Did the visit meet your needs?

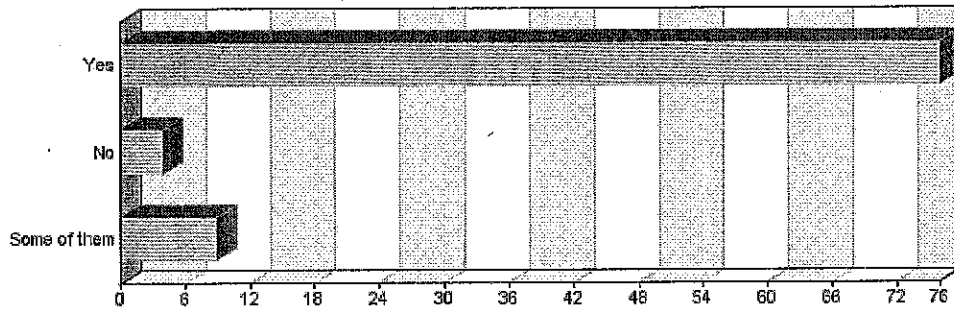


Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	80	45.71%	89.89%
No	9	5.14%	10.11%
Sum:	89	50.86%	100%
Not answered:	86	49.14%	-
Total answered: 89			

Question 3

Did you get all your questions answered?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	76	43.43%	85.39%
No	4	2.29%	4.49%
Some of them	9	5.14%	10.11%
Sum:	89	50.86%	100%
Not answered:	86	49.14%	-
Total answered: 89			

Question 4

What else would you like to share about your experiences during your visit? What would have made your experience better?

Text Input

I spent more time waiting rather than in the appointment itself. Practitioner was knowledgeable and trusting.

provider had previously planned to do a pap; I am age 66, so she questioned doing it. I was unsure whether to ask her to go ahead. I wish she had been better prepared. she forgot to order a thyroid lab test in advance so I reminded her that I've lost weight and changed the dose such that a retest would be necessary to check levels.

Physicians are ready to treat symptoms, but not as well educated on preventative health.

That care provider stated that since my pap was normal last year I didn't need one this year. It felt like a waste of time without the pap being done.

It would be helpful if I felt like my doctor listened to me or cared personally about me rather than just rushing me through because she had to see so many people in the day.

Was good - no complaints

Next month I am due for my next annual exam. I have not missed a year in over 15 years. I am eager to go this year. I still have health insurance but last September I had to change to a \$5,000.00 deductible. I have had an upper respiratory infection for 14 weeks and can not afford to go see a doctor. Hopefully during my annual exam my doctor can look at my cold during my cold symptoms.

The midwives at around the circle are very educated and helpful in all matters of women's health, pregnancy, and birth. I am so thankful we have them in our community.

Listening better to what I wanted or did not want.

Very attentive providers, listened to all of my questions and provided appropriate and functional answers, did not feel rushed and had ample time to cover everything

Same family practice for 30 years

More encouragement for mental health counselling when needed. It's hard to advocate for yourself.

A full physical from head to toe. Mental, physical, spiritual. Resources for caregivers. I'm exhausted. I have 4 family members with special needs.

Allowing more time for the visit so the Dr doesn't feel rushed.

Everyone was so kind and helpful that my experience almost seemed to be unreal. The state of Washington and all its healthcare providers thus far are amazing.

Question 5

Please tell us why you didn't see your health care provider for a check up in the last year. (Examples: I didn't have time, I had no way to get to the doctor's office, I don't have a regular provider, I feel healthy, etc.)

Text input

I feel healthy

It's been just over a year. I gave birth to my baby in March 2015, so that's the last time I had any exams.

No time. Also embarrassed about my weight and I keep thinking I'll lose some weight and then I'll go to the doctor.

It is scheduled for later in the summer

I don't have a regular provider

I don't have a regular provider

I had a baby in November 2014 and had an exam just following, but have not yet this year. I was told to go once every 2 years per advice at my last exam prior to my pregnancy.

It's difficult to schedule appointments with my job and the constraints of group health.

My provider only recommends check ups every three years. In not sure they would pay for annual.

Too complicated

No time, but I have an appointment in 2 weeks.

I don't have a regular provider

I feel healthy and I don't have a regular provider.

I was pregnant so that might count.

I work full time so it's really hard to make appointments

Two year pap plan

felt healthy

My annual is not due until August.

time

Haven't taken the time to go. Provider retired and don't want to find a new one yet.

I don't have a provider currently. I am also not sexually active and have not had an abnormal pap. So I don't have to be seen yearly

no time

I didn't make time.

I go for specific reasons and I do not have a regular provider. I don't have time.

I have been busy seeing specialists.

I thought my doctor said earlier erythromycin 2 years

I honestly didn't know if it would cost money. We are paying about 300.00 for my husbands health problems. Not including paying insurance.

I get a check up every 3 years. I have no health problems and my Pap smear, cholesterol, colon cancer screening, mammogram and Tdap are up to date and my blood pressure is good.

I am healthy with normal blood pressure and my Pap smear, colon cancer screening, lipids, Tdap and mammogram are up to date

I have not had time.

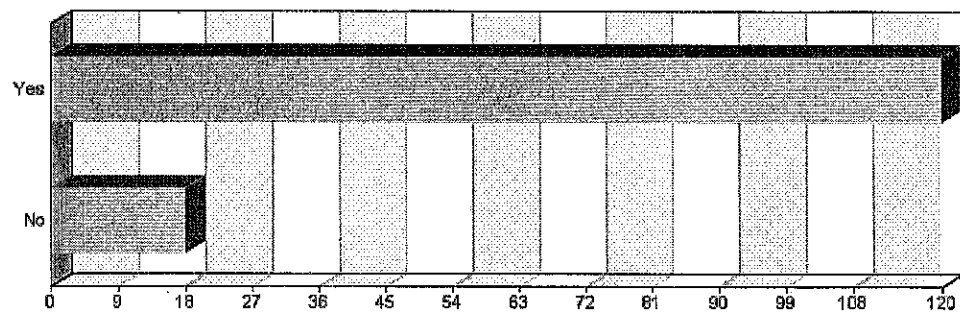
I don't have insurance

n/a - had a child in the past year

No provider, I'm OK, don't like doctors.

Question 6

Do you have a child?

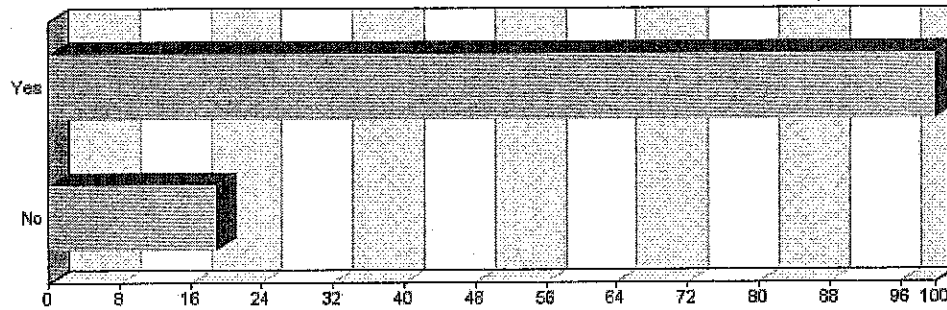


Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	120	68.57%	86.96%
No	18	10.29%	13.04%
Sum:	138	78.86%	100%
Not answered:	37	21.14%	-
Total answered: 138			

Question 7

Was your child breastfed?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	100	57.14%	84.03%
No	19	10.86%	15.97%
Sum:	119	68%	100%
Not answered:	56	32%	-
Total answered: 119			

Question 8

What were your (or your partner's) experiences with breastfeeding your child?

Text input

I liked breastfeeding them.

Generally positive. Some difficulty in public spaces.

Great. I usually transition to pumping after the first month so that my partner can share in the feeding experience.

The physical act of breastfeeding went really well (ie, milk coming in, baby latching, having enough milk, no physical complications, etc). The mental part of breastfeeding was really, really hard (ie, having someone need you THAT much, always. No one else being able to feed baby. Pumping at work, etc). My baby blues were a little rough, and as soon as I stopped breastfeeding, a weight was taken off my shoulders.

I was discouraged from breastfeeding.

Difficult at first, but corrected with a lactation specialist from the hospital. Received lots of support through La Leche League participation. Child continued to breastfeed until self-weaning around age 3 for 1st child and 14 months for 2nd child.

It was difficult for me. I continued despite the pain and ended up with an infection. the doctor thought the child was not getting enough nutrition. I ended up breastfeeding around the clock, which cleared up the infection without drugs. I was committed to breastfeeding. my partner was very supportive.

successful, better with each pregnancy

It was very difficult and not much support from hospital staff/nurses. There was also not much support after going home with the baby.

The first child I breastfed for four months. With work and home life it was difficult to go longer than four months. With the 2nd child I breastfed for a week then stopped due to personal and family problems.

I loved it. It was easy for me and my child.

good

Was the easiest thing about having babies (twins) though I know most people don't have it that easy.

Sometimes painful but positive; bonding.

It was difficult to start with both of my children but ended up being very convenient and rewarding. I breastfed each child until about 18 months of age.

I had a positive experience.

Difficult at first but got way better

Good

My first 2 children didn't last more than 3 months. My 3rd child is currently best feeding and on her 4th month. It has been my best experience so far

Great. He was good eater. Had no difficulties with pumping at work or school.

Very positive. 2.5 years with my oldest child & currently at 13 months with my younger child.

Supportive

Generally good, the first was more difficult than the second. I had good support from my midwives. I did not enjoy breastfeeding, but stick with it for about 16 months with each child. With my second, there was a new breastfeeding support group available that I did not feel the need to attend, but was glad to know was there.

It was difficult for me with each of my 3 children.

Excellent bonding experience. Fully supported by my partner.

My experience? This is a hard question. I'm not sure what you want to know. It's kind of everything. It's a great way to bond with a baby. It's satisfying to nourish your baby with your body. It's also very very hard. We had a rough start, very painful latch from one twin and around the clock nursing with both twins. I pumped a lot to build a good supply.

Rough in the first two weeks, fine after that. Second child no problems.

Early difficulties but with the right support we are 10m strong!

Amazing

I am 52 years old and am delighted to say I am still breastfeeding my 19 month old child. He is my first child. I am his only parent. Our breastfeeding relationship enriches all other aspects of our parents child relationship. I hope we continue the breastfeeding part of our relationship for a long time. I like that it he receives nutrition and antibodies and intimacy from me. I like that he can be soothed or put to sleep by nursing. I like watching our breastfeeding relationship change as he grows. I truly value the support I have received from attending local Le Leche League meetings and Facebook forums. My Child was born 2 months early and was in NICU for 31 days. Neither producing milk nor feeding my child began easily. I continue to have low supply but am happy with what I produce. I am eternally grateful to a number of women who donated extra breastmilk to me to supplement my supply. It meant I could eliminate formula as soon as I brought him home. Donated milk made up about 25% of his consumption for a number of months. Now I supplement my milk with hemp milk and cows milk and, of course, solid food. Lastly I want to tell you I have always breastfed my child everywhere (in the courtroom, on a plane, in the check stand line, at business functions, and all over town. I want people to see us -- I think it normalizes breastfeeding. Oh, and one last thing. The 4-5 lactation consultants I saw while my child was in NICU at [redacted] were of little if any help to me. A private consultant I saw one time was helpful but 99% of the reason I am still breastfeeding is due to the supportive and helpful leaders and participants at Le Leche League meetings. I have learned so much from them.

Everything went well, she latched immediately and I had one blocked duct which passed quickly.

We are still breastfeeding at 21 months. We love it.

My first child I had a horrible time breastfeeding thanks to an undiagnosed tongue tie and upper lip tie (missed by 3 pediatricians, 1 midwife, 1 OBGYN, 1 IBCLC, and no less than 6 nurses). My second had his tongue tie diagnosed at birth and it was revised at 5 weeks old, breastfeeding him has been incredibly easy.

I have three children, all were breastfed for at least two years. I found it to be an amazing experience and my spouse was incredibly supportive.

Wonderful. No problems.

For my first, it was harder than I thought it would be but I figured it out with support both online and in person. I'm now nursing my 3.5 year old and 2 month old with no issues.

Great

It was an amazing experience for us both

Excellent. Baby appropriately latched within 30 min of birth. Milk came in within 3 days of birth. Excellent education and support from Midwives.

very successful

Convenient

mostly positive. Was very helpful to have access to a lactation specialist at the start when I had some problems and developed mastitis.

Excellent- breastfed for 14 months

I am an anxious person, so got restless sitting there but did it because it was best for the first 1-2 years for both children. I got frustrated when they got to biting with teeth in. My husband was annoyed to have to worry about a nursing schedule and milk supply and was happier to just give a bottle.

it was a long time ago...

perfect long term

Had to pump breast milk to be given through g tube

He was very supportive.

very successful. Nursed my first child for just over 1 year and my second for 2 years.

good

Fine with first and third child. Struggled with mastitis with my second child.

I had a hard time at first and ended up pumping for about the first 6 months (premie) but after that he did really well and breastfed until 2 years of age.

I used a pump a lot as it was very challenging.

Our first child was exclusively breast fed. Our second child received pumped breast milk via G-tube.

They were good experiences, but it was hard to work and breast feed

Good

Difficult

Positive; one child of mine refused to drink from the bottle at all, so it was quite necessary. Latching on was relatively easy for me.

We loved it

I had to stop at 2 weeks due to not producing enough milk.

Crappy. Didn't know if she was getting enough. constantly falling asleep while breast feeding. My son wasn't. Tried. It was easier

I really enjoyed it even though it was hard. More of the burden fell on my shoulders than my husbands. Once I went back to work it was really hard finding time to pump, finding a way to store everything, and making sure I was producing enough each day for my son. I was only able to breastfeed until 9months b/c my milk supply dwindled due to not being able to pump often enough at work.

Lactation support was very helpful. I am fortunate that my employer was accomodating

lactation support was helpful I was fortunate that my employer was supportive

Yes

Great experience. I also used a lactation consultant.

This was in the 90's - there was less acceptance to nursing in public than now. My daughter has three children and is an advocate for breastfeeding in public.

My first one was hard but the 2nd child I had no problems and a lot me help with it.

Great

Great--e [redacted] ent, no small parts

Question 9

Why did you or your partner decide not to breastfeed?

Text Input

Not as much information at the time about the benefits of breastfeeding

Under medication management

Tried for several days. Milk didn't come in plus was very painful, MD suggested formula.

unable

Formula works just as well nutritionally.

child was possible failure to thrive and low tone and so wanted to be able to measure the amount of food she was getting

Never got any milk in.

Baby had a heart issues & could only nurse for a few minutes at a time, so a bottle was more efficient.

Children are grandchildren I am raising.

because my son is adopted

preferred not to

Question 10

What kind of services do you think might help support breastfeeding moms?

Text input

Access to additional lactation rooms in work places and access to policy/rules/laws surrounding working mothers.

Free breast pumps. I found it very difficult to get one even though they are supposed to be covered by insurance. You have to pay out of pocket then get reimbursed, which may not be feasible for some families.

More paid maternity leave

Breastfeeding rooms

A "What to do if" factsheet.

Safe areas like breastfeeding rooms

More semiprivate areas for breastfeeding

More semi-private areas for breastfeeding

Mom support group. Letting moms know that you don't HAVE to breastfeed. Yes, it's preferable, but you're still a great mom even if you don't. It seems like there's way too much societal pressure to breastfeed, and if for whatever reason you can't (physical or mental conditions), there seems to be a collective, "oh no!!" And that's just a major bummer when you're already feeling down.

Breast feeding coaching that is more than 60seconds long. A breast feeding community or group. Workplace breastfeeding support.

Education on benefits of exclusive breastfeeding and concept of self weaning, assistance from lactation consultant at beginning, and referral to local La Leche League groups.

help with getting going. help when you have to return to work. breastpumping at work isn't the same.

Baby friendly hospital, home visits to all new moms

Home visiting programs for new moms.

One to one visits in the home daily if needed until the mother and child are doing well. Then F/U weekly by phone call and prn home visits.

More space given to breast feed without having to hide in a bathroom stall while at the mall

personal coach

For the first child, day 1 and 2 at home help would be great. Once you leave the hospital, you don't have the support you need and it's stressful which makes it more difficult to breastfeed. This is where families may panic and switch to formula.

in-home, immediate post birth consultation and demonstration by knowledgeable nurses or lactation specialists.

Drop-in weight checks, lactation consultant services in the hospital and at the pediatrician's office

I think it would help if pediatricians spent more time helping a woman to breastfeed instead of recommending formula feeding when there is a problem. Health care providers need to be able to give accurate and helpful information about breastfeeding.

Pediatricians backing breastfeeding more than formula.

Traveling lactation nurses. There's nothing worse than having a nursing problem at home and trying to get out of the house with your tired baby to go see lactation.

Post partum doulas, lactation consultants, midwives

More support

More lactation support in the hospital, especially for feeding on-demand. Restricting hospitals from giving out or pushing formula and not allowing them to give your personal information to formula companies. Allowing mothers to accept donated milk easily while in the hospital if their supply is low or they're having difficulty with latch.

More, and free, lactation consultants and ibclc

In home lactation Specialist support available.

More ibclc's!!! More breastfeeding information, classes, peer support groups! Better support for pumping mom's in the workplace. I was often harassed at work by my boss for pumping. A culture that accepts breastfeeding and views it as normal so women don't feel self conscious nursing in public.

Public health lactation consultants

Free pumps Lactation services

Normalization, family education, male breastfeeding support classes, more strict breast pumpin at work laws

Outreach. 24/7 availability of lactation consultants to new moms by phone and home visits for 1 on 1 support, followed by invitation to Le Leche meetings and weekly drop in groups. This should all be free. This should be told to kids in high school, boys and girls, before they have kids. Midwives and doctors should tell their patients at every prenatal visit about available resources. Pregnant women should be invited and encouraged to attend drop in meetings and Le Leche meetings before they give birth.

Someone to answer questions other than the hospital.

More support groups, lactation consultants.

Teaching Healthcare providers about breastfeeding and how to properly diagnose tongue and lip ties would be something great.

Affordable, knowledgeable lactation consultants available everywhere.

A support line with women who have successfully breastfed who can give advice and tips to new moms.

Knowledge of online support groups. The Facebook group I'm a part of has been amazing.

Lactation consultants at group health only

Education regarding eating frequencies/ what's normal, postpartum visits just for breastfeeding 2x post birth.

drop in group meetings

Encouragement for breastfeeding from medical home - but support when it is not working, lactation specialist, peer support groups, father involvement

Access to 24 hour lactation guidance from nurses or others who know a lot about breastfeeding

Breastfeeding clinics that are open throughout the week and weekends. Early dialogue in pregnancy.

Lactation consultation well child checks, nutritionist, mom groups coordinated for moms who would not ask for help.

more education more public awareness

better pumping facilities at work

N/A

There are a lot of resources out there but they are not all well known. There is a misconception on how easy breastfeeding should be.

this isn't a service, but..... The only way I was able to breastfeed my babies so long is because I worked part time (3 hrs/day). I would have stopped at 4-5 months if I had to work full time. I pumped once a day for the one bottle they would need while they were with their care provider.

nature

not sure

instruction

Nurse lactitioner

A lactation consultant that you can see even after you leave the hospital.

Allow it everywhere. Insecure husbands need to not be jealous.

lactation specialists. meeting other moms in the same boat.

Lactation Consultants available for as long as needed to assist and answer questions that should arise.

Counseling, nutrition and encouragement

Mom's support group

ABC clinic was great but only available for 2 weeks.

There are plenty already. If you want to, you will be able to.

Classes before the child is born to help them understand what is happening

Nurses that can spend time with new moms. Nurses that don't criticize moms. They just all around have more patience

Services that support local businesses to ensure there are safe, clean places for women to pump, and making sure that women are allowed to take breaks to pump. Safe areas at work to take quick breaks for water since hydration during breastfeeding is so important. Anything that supports daycares that allow breast milk feeding, I ran into a few that didn't allow anything but unopened formula for feeding.

Universally covered lactation support for the first month of a baby's life Employer education so that employees know they have a right to time off and a private place to pump and store breastmilk

Universally covered lactation support for the first month of a baby's life Educational programs for employers and employees so that moms who wish to breastfeed would be provided time to do so and a private place to pump and store milk

In home lactation consultant and other breastfeeding moms.

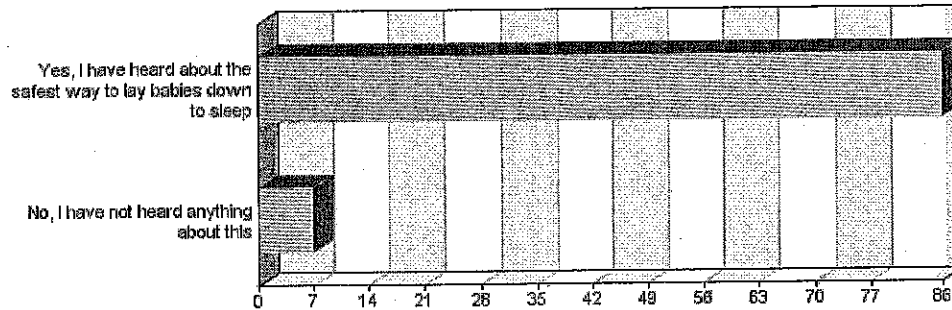
The state becoming more involved with the online movements on facebook and other websites devoted to breastfeeding in public and being considered as NORMAL

Support groups and classes

Public service announcements on radio, local tv, multiple languages

Question 11

Have you heard about the safest way to lay babies under six months old down to sleep?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes, I have heard about the safest way to lay babies down to sleep	86	49.14%	92.47%
No, I have not heard anything about this	7	4%	7.53%
Sum:	93	53.14%	100%
Not answered:	82	46.86%	-

Total answered: 93

Text input

Rocking them

Nursing, holding, swaddling, singing

They put themselves to sleep. Lay them down drowsy but awake and they learn to self-soothe.

On their back, alone, in a crib

On her back

On back to sleep

No blankets, on their back

No blankets, on their back

On their back.

really don't know

not sure there is one best way. every day is different. they are growing and changing.

Holding and/or rocking baby.

on its back in a area that has no pillows, stuff animals or blankets that could prevent the infant from becoming smothered by them.

on their backs with no pillows and minimal blankets

On their backs.

It always changes; not sure now.

back to sleep

Nursing

On their back.

I believe co-sleeping is best.

On their back

Rock them and put them to sleep awake so they can self smooth to sleep.

Breastfeeding to sleep

Nursing to sleep

I know that the recommended position is baby on its own, on its back, in a crib with no loose bedding etc. however, with both of my children, we ended up finding that all of us slept better and breastfeeding was more successful with safe bed-sharing practices. Rather than admonishing parents for this practice when many will end up doing it anyway, more information should be shared on how to do it safely.

On their back

Nursing, rocking, bouncing gently on a yoga ball, pacifier.

Nurse to sleep, then slide him onto his mattress on his back.

Fed, rocked and layed down on back

Cosleeping

Back to sleep.

Breastfeeding

Whatever works at the time! We often nurse to sleep.

I co-sleep with my babies following safe co-sleeping guidelines, that's what works for my family.

Nurse them to sleep.

Any way that is safe for baby and easy for mom. Breastfeeding is a great way to let your newborn fall asleep.

On their back, firm mattress, no blankets, pillows, etc., in same room as parents.

You really have to work with your baby and watch carefully

Nursing.

swaddle on back

"Back" to sleep

On its back

Laying on their backs.

Back to sleep until they can roll themselves, and with nothing in the bed with them.

on back

back to sleep

We could all use more help in soothing crying babies and helping them get to sleep.

rock them, hold them, sing to them :-)

sing and hold

full tummy, burped & quiet dark room, maybe some rocking.

On there back alone

Rocking, burping, soothing

tummy, so they don't choke

Back to sleep

on their back

The easiest is to nurse them to sleep.

Stomach

Depends on the baby

On their backs, swaddled tightly or just on their backs in a crib free of blankets or anything that could be a hazard.

on their back

Whatever works! (I wonder if your question was supposed to be something about putting babies on their backs to sleep)

Calm surroundings, soothe them when they are afraid (crying)

Sing and massage

Question 12

If you have a child under the age of six, what has your health care provider, child care provider, or another person told you about developmental screening? (A developmental screening is a form that parents fill out that tells the health care provider if a child is learning basic skills when he or she should, or if there are delays.)

Text input

I don't know about this.

At regular check ups, goes over developmental landmarks

PCP always asks developmental screening questions at well-child visits, but I've never filled out a form.

Nothing

Nothing

Not much

The screening isn't a form.

It's not a form.

My baby is 14 months, so we've only had one developmental screening. It was at like 6 or 9 months or something. I filled out a survey-type paper at the doctor's office, and then our pediatrician and I discussed it. I don't remember what we were actually "told about developmental screening," though.

yes

not applicable

NA

It was done at the 4 month well child check.

My children were screened early and often thanks to preventive health programs like Safe Babies Safe moms

n/a

That all children develop differently and that this is just and average. That it doesn't really mean anything unless there is a significant delay.

No, I believe my child is too young he's not even a year yet.

I don't believe we have had one that I filled out. It was obvious when our dr was doing my older son's check up that she was checking those things.

Yes

We have not filled out forms, but our pediatrician asks us questions at their check-ups about specific developmental milestones. We also heard from a friend about our school district's Birth to Three program and had our first child screened at age 3.

They happen at regular pediatrician check ups

We fill them out at each well visit but so far nothing has been discussed because there hasn't been anything out of normal range.

I don't know anything about development screenings. My provider interviews us about their development.

Our child care center only does a screening 90 days after enrollment. Health care provider asks milestone questions at wellness visits, but not all questions I've read online.

Nothing

To fill out the paperwork

Absolutely nothing. My child's pediatrician is well known and respected in our community but I am starting to think he is too laid back/lazy. I will change doctors soon.

Nothing

Yes

Nothing

That my child is right on target.

Yes

Nothing.

Yes

That it will happen at wellness appointments

nothing

I brought my parental concerns to the doctor

NA

It's good. It was rushed at the PCP office.

was needed

n/a children were preemies and all screening was essentially automatic

Had a brief screening in the office by the ARNP.

I don't have a child under the age of six

no

not sure

That we needed to have them at every WWC.

Nothing. He would grow out of it.

I don't have a child under the age of six.

We have filled them out many times with our second child.

My kids are all older. I had called when my son was 4 about a developmental screening and the person on the phone talked me out of the screening. My son was later diagnosed with autism at the age of 10.

Yes

I was not told about the screening

My son is almost 4 and I fill out a screening sheet each time we go in for a check up and shots.

My kids are 15 and 18

I don't have a child under 6

Nothing.

Me, nothing with my daughter. My grandchildren may have different resources.

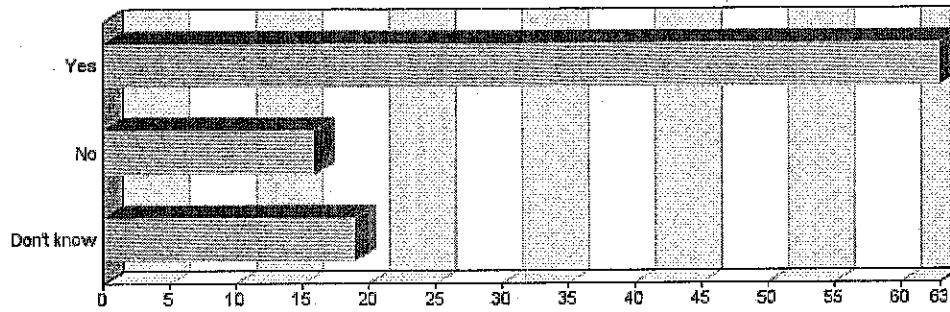
My dr. Has me fill out a screening when my child was 14months

My child is now 20

N/a. My child is 39 now!!!!

Question 13

Has your child gotten a developmental screening?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	63	36%	64.29%
No	16	9.14%	16.33%
Don't know	19	10.86%	19.39%
Sum:	98	56%	100%
Not answered:	77	44%	-

Total answered: 98

Question 14

In what ways did you find a developmental screening helpful?

Text input

Milestones

Assurances

The ideas/scenarios listed on the screening form were helpful for me to think about doing with my baby. Some of the stuff we'd been doing coincidentally, and other activities I'd never thought of before. It was helpful that our pediatrician let me know that even though my baby wasn't doing ALL of the things listed, the things she was doing was a good indication that she was ahead of the curve developmentally. This isn't something that I had thought about before this doctors visit.

helped me know what is happening with my child

My child was on track, but I enjoyed learning about developmental activities and age appropriate games as my child grew.

reinforcement that all is on track or whether the child is ahead or behind

When child small, reassure doing ok

My child only received a screening because I had some concerns and asked about them at a well child appointment. It was helpful because she was able to get the services she needed and I was able to get support and ideas on helping her progress.

that my child was on track and the handouts that were given for the next two months.

It told me what my child should be doing and gave me options of things to try in order to improve development

Reassurance

A few of my children had speech delays, although it was pretty clear without the developmental screening, we were able to get referred to speech therapy.

Yes, my is within normal range

He was generally on track in all areas. If he had not been, it would have been helpful to know in order to access early interventions. There were a few very specific tasks he didn't hit, but only because we'd never done those tasks with him. Knowing more in advance what they'd be asked to do might be helpful.

Make sure I know major milestones.

Reassurance

It was comforting

I didn't.

It helps to see what baby should be doing by certain ages.

It was nice to have an idea about her progress

Just to know what is normal and to be expected during this time of development , what to help foster to achieve growth

It confirmed delays.

problematic areas

to make sure we were getting appropriate services

Anticipate developmental milestones.

I liked knowing the stages of development. Just so could see where my child was.

My son is now diagnosed with autism. Having the screening confirmed my suspicions. He was able to access our local b-3 services at 18 months.

I didn't

Keep track of average milestones.

It helped us get an early diagnosis and get interventions early.

It was able to tell us in what areas that she is behind in.

To find where my kids were successful and where they needed help

Son was later diagnosed with Autism

it showed areas my son needed speech therapy and physical therapy

It helped identify issues with my kids.

They told us, what he was doing at the screening wasn't typical. Helped us find a Dr. to figure out what was going on

It is great so the provider can see any problems there might be early on and get help if needed.

Yes

To tell if my child on the right track

So I knew she was great in her development for her age

Question 15

Please tell us why your child did not get a developmental screening. (Examples: I didn't know about developmental screenings, I wasn't offered one, I didn't know how to fill out the form, it was going to take too long, etc.)

Text input

Not sure

Didn't know.

Wasn't offer one.

I was never offered one.

Didn't know

I've never been asked about it and didn't know about it.

I have researched what developmental markers my child should be at and have been able to do this on my own.

wasn't offered

35 years ago - not developed at the time.

Did not know it was an option

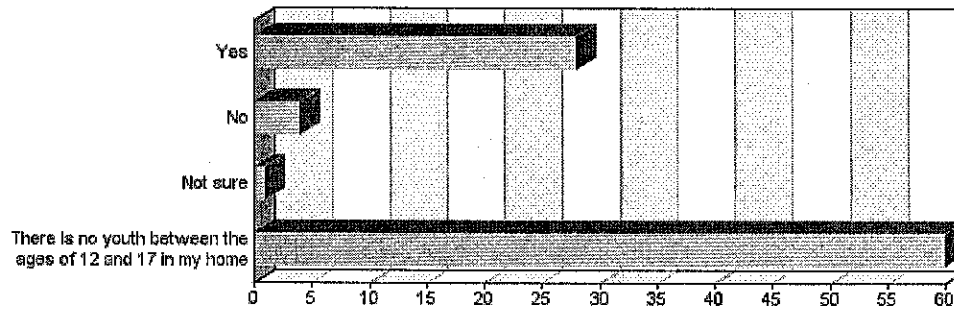
We did not know about it. My developmentally delayed child is now going to Seattle to get that service done there to find out why she is delayed.

My kids are 15 and 18 and at the time my doctor didn't offer these

Wasn't offered but also don't think it's necessary currently.

Question 16

If you have a youth between the ages of 12 and 17 in your home, have they gone to their health care provider for their yearly checkup in the last year? (A yearly checkup is a visit that can include a physical, blood work, mental health/substance use screening, vaccinations, birth control, etc. This is also an opportunity to ask questions of their provider.)



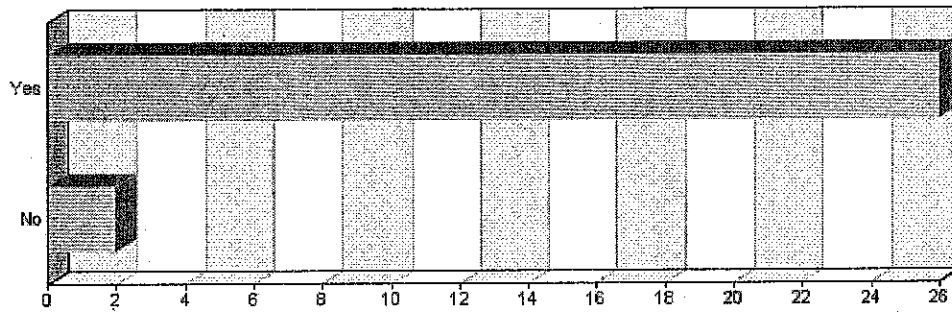
Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	28	16%	30.11%
No	4	2.29%	4.3%
Not sure	1	0.57%	1.08%
There is no youth between the ages of 12 and 17 in my home	60	34.29%	64.52%
Sum:	93	53.14%	100%
Not answered:	82	46.86%	-

Total answered: 93

Question 17

Did the visit meet their needs?



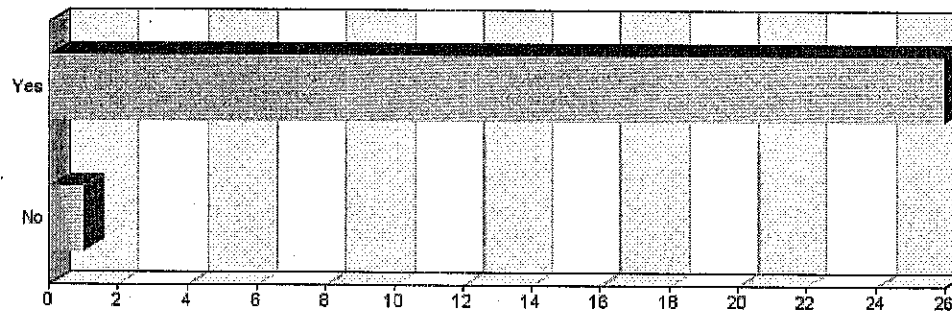
Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	26	14.86%	92.86%
No	2	1.14%	7.14%
Sum:	28	16%	100%
Not answered:	147	84%	-

Total answered: 28

Question 18

Did they get all of their questions answered?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	26	14.86%	96.3%
No	1	0.57%	3.7%
Sum:	27	15.43%	100%
Not answered:	148	84.57%	-
Total answered: 27			

Question 19

What else would you like to share about their experiences during their visit? What would have made their experience better?

Text input

Large push for diet control over exercise; too much personal influence on type of diet is culturally insensitive.

My 17 yr old child is obese 37.94 kg/m2(99th percentile) and our pediatrician was resistant to address this. We would've benefited from a referral to a nutritionist and an "outside expert" my child might have listened to (over me). My child is making unhealthy food choices outside of the home and doesn't understand, or care about, portion size.

nothing it was great.

It did not include their parents at the end. There was not enough attention given to behaviors.

We have an incredible pediatrician who has fostered a relationship of trust with my child. She listens carefully to him and makes sure she takes the time to understand what he is saying. He feels comfortable talking with her about his health needs and respects her suggestions and diagnosis.

none

We have interviewed Doctors to find one who is kind, empathetic, supportive, non judgmental. And is comfortable explaining things to an adult with Down Syndrome

My grandson has sensory sensitivities. Anxiety and fear of needles.

The Dr. spent a lot of time with us and followed up on all the testing. Not a lot could have been better.

Question 20

Please tell us why they did not see their health care provider in the last year. (For example: they didn't have the time, they didn't have a way to get to the doctor's office, they don't have a regular provider, they were feeling healthy, etc.)

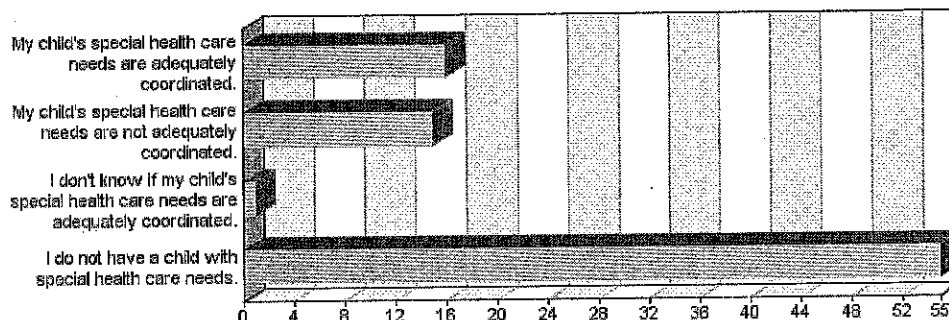
Text input

too busy with school and sport schedules

He is healthy and his shots are up to date. He is doing well in school without problems. I will take him next year.

Question 21

If you have a child with special health care needs, 0-22 years old, do you feel that your child's medical and mental health needs are adequately coordinated? (Adequately coordinated care means that you are connected to the doctor, specialists, and any other resources in the community that you need to meet your child's medical and mental health needs.)



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
My child's special health care needs are adequately coordinated.	16	9.14%	18.39%
My child's special health care needs are not adequately coordinated.	15	8.57%	17.24%
I don't know if my child's special health care needs are adequately coordinated.	1	0.57%	1.15%
I do not have a child with special health care needs.	55	31.43%	63.22%
Sum:	87	49.71%	100%
Not answered:	88	50.29%	-
Total answered: 87			

Text input

We knew something was wrong, but it took many efforts to get our child diagnosed with Autism Spectrum Disorder at age 16! He had several seizures, was seeing a neurologist/pediatrician for this; seeing a psychiatrist for suicidal ideation but the psych wouldn't diagnose ASD or depression. Eventually, we took son to a psychologist who did diagnose and coordinated services with the school to get son IEP, but school dropped the ball on follow through with son/family. We have really served as the care coordinators finding our own resources and eventually found an advocate via PAVE who has really helped with the school piece. Early in process we did connect with LHJ who assisted with enrollment in Apple Health, but no other case management. It's been exhausting. Our next steps are to connect son with DDA and DVR.

My child recently had to transition from apple health care to my group health and her mental health counselor is not covered by my group health. This has caused a disruption in services that has caused my child and my family enormous amount of stress and dysfunction.

My child health care provider and his specialist from children's Seattle are all excellent. I do wish that there are more outreach clinics in Olympia due to the fact that when my children have appointments in Seattle and Everett that my whole family misses a lot of school and work on those days.

Our pediatrician helped us find a psychologist and coordinated with other specialists. The clinic gets us in quickly when we have a problem and listens well. They have great nurses available to talk to by phone. I feel very supported.

I have to work my butt off to do this for free, when I think there could be help from professionals who may be more efficient and knowledgeable about resources and requirements.

I have to do all the coordinating. we don't have any care coordination services

I, the parent has always had to coordinate her care. There were times in her life it was challenging, especially since had two other children and an elderly parent to care for. It would be great to have people who could help with coordination. But there are never anyone.

He has his neurologist at [REDACTED] and his primary care physician here. They never seem to be able to coordinate his blood tests for his seizure meds. It would also be more convenient if his PP would prescribe his meds, but she won't. She wants the neurologist to do that. So it means a trip to Seattle every year.....

Her neurologist and genetics doctors doesn't ever want to do anything about her issues. Her pediatrician is great and is trying to help now. She is sending us to Seattle because she knows that Spokane does not have what we need here.

I applied for DDS & still have not received a call back.

Respite care is difficult if not impossible to receive

I have a care coordinator through Children's Village and she really helps us get all services necessary.

Low income families are discriminated and not included. Also if child has behavior issues family isolated.

Our primary was great but the wait time with getting in to specialists is terrible.

I am the coordinator for my children with special needs. I have navigated the system by myself

Getting equipment with state insure is a major pain and the hoops you have to jump through are a nightmare. My son's provider has sign countless forms over and over again dragging out the time it take to get equipment.

Lack of services let alone specialized services. No or extremely limited Services, behavior services and speech.

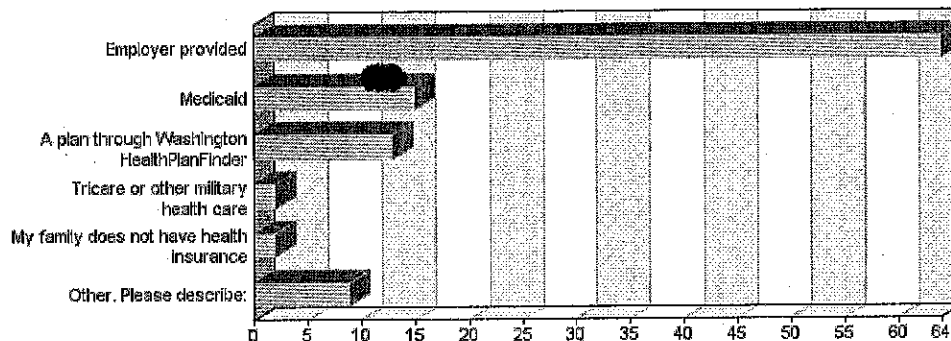
at one time we had private speech therapy and a school speech therapy. Both therapists communicated and worked well together.

Before his Dr's office swapped him pediatricians we were very coordinated but now I have not met his new dr and she has been his dr for over 6 months. The Dr's office said that they cannot make an appointment just to meet her. I believe that whenever a dr is swapped out the new dr should meet with every new client to make sure that they are the right fit for each other.

My son has special needs. As soon as he turned 18, they kicked him off. I don't agree

Question 22

How do you get health insurance for your family?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Employer provided	64	36.57%	60.95%
Medicaid	15	8.57%	14.29%
A plan through Washington HealthPlanFinder	13	7.43%	12.38%
Tricare or other military health care	2	1.14%	1.9%
My family does not have health insurance	2	1.14%	1.9%
Other, Please describe:	9	5.14%	8.57%
Sum:	105	60%	100%
Not answered:	70	40%	-

Total answered: 105

Last choice text input

Husband's employer provides

my spouse and I have diff. plans through diff. avenues

medicare

My son has Premiera Blue Cross and Medicaid. I have insurance through work. My husband has Blue Cross.

Medicaid as secondary

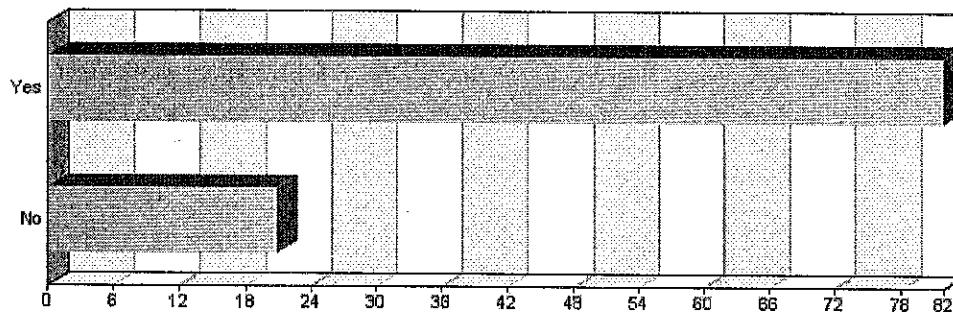
Employer provide and medicaid

My husband & I have insurance through his work. My daughter has medicaid. We pay 20.00 a month. My son has his own medicaid with United Health Care

no need for family health care; child is an adult

Question 23

Does your family health insurance plan meet your family's needs?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
Yes	82	46.86%	79.61%
No	21	12%	20.39%
Sum:	103	58.86%	100%
Not answered:	72	41.14%	-

Total answered: 103

Text input

High deductible

The health insurance does, but the vision does not. \$150 every two years for hardware is NOT enough. There should be a better option for people who wear contacts.

Because I am not the custodial mom, I do not have insurance. I struggle to get my kids to care because I am not the insured.

So glad it covers mental health counseling!

hard to say whether it meets family needs. there are lots of copays and high costs. lots to coordinate

My daughter who is 12 years old has severe mental health and behavior issues that group health does not cover the needed services for.

individual plans

My husband and I have only had insurance for the last few year, and although we are extremely grateful we still don't use it. In part because we didn't have it for so long that we are just use to not going to the doctor's and that we don't know who to go see.

Dental is hard to find for child on Medicaid.

Mostly it covers things well. Currently frustrated because they are denying a claim for physical therapy.

It has a very high deductible and out of pocket premium costs.

High deductible plan with United Healthcare which has not paid all providers.

I dont understand how it works, so i dont want to use ot

Very difficult to get an out of hospital birth. Only one out of hospital provider in our region is in network, and she is leaving in a couple months. We are paying out of pocket for a home birth as a result. No other providers at the birth house are in network.

The page is no longer lining up on my phone but I meant to mark "no". Having a \$5,000.00 deductible essentially means I have no viable insurance.

Didn't cover my naturopath and now I have to pay the bill in full. This was blue shield insurance that wouldn't pay it.

There's no adult chiropractic coverage. So instead of fixing my back and hip I can go to physical therapy to learn to compensate better or take pain medication for the rest of my life (neither of which i want).

We have quality health insurance through my spouse's employer. We have never had any problems with our insurance.

Limited access very expensive

When the Medicaid decides to cut their budget and we lose our coverage for months at a time, we end up paying hundreds of dollars a month out of pocket for copays and premiums.

I would like to be able to utilize integrative and/or holistic options when appropriate.

we also have financial aid from Seattle Children's

The out of pocket deductible is high

Not where we live. We are on several waiting list.

My husband and I both carry insurance on our kids because we never qualify for help. We need it because our kids don't present typically so we generally have large medical bills

With 20% co pay adds up when you need to meet deductible and then have weekly therapies. Adds up and additionally not all items are covered.

The only issue we have had has been with adequate access to psychiatrists. Usually a long waiting list and limited choices.

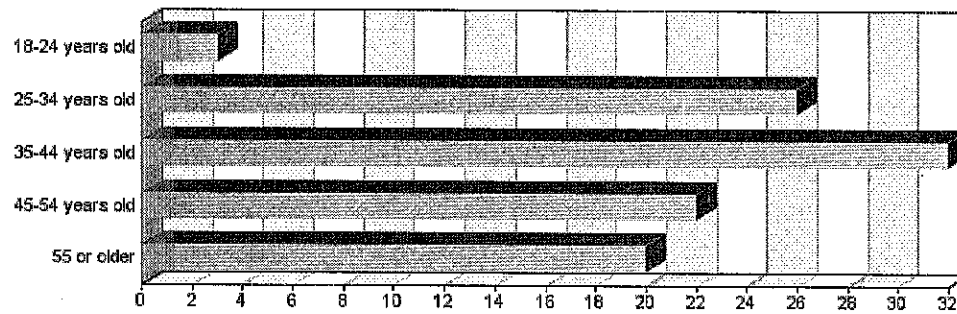
We make 48000 a year & pay close to 4000 a year for out of pocket costs. That's not including paying 500.00 a month for insurance.

We have insurance with a large deductible which works for us b/c we typically only go to the dr for our check ups and rarely get sick to the point of needing to go into the clinic.

Our deductible is very high and certain health interventions have not been covered under our insurance (ex: orthotics deemed cosmetic when I was unable to walk.) We always discuss if going to the doctor is an absolute necessity before we go because of high out of pocket cost.

Question 24

How old are you?



Frequency table

Choices	Absolute frequency	Relative frequency	Adjusted relative frequency
18-24 years old	3	1.71%	2.91%
25-34 years old	26	14.86%	25.24%
35-44 years old	32	18.29%	31.07%
45-54 years old	22	12.57%	21.36%
55 or older	20	11.43%	19.42%
Sum:	103	58.86%	100%
Not answered:	72	41.14%	-
Total answered: 103			

Question 25

What is your gender?

Text input

Female

Female

Female

Female

Female

Male

Female

Female

female

Female

f

female

fenmale

female

female

female

Female

Female

Female

Female

female

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Male

girl

Female

female

female

Female

Female

F

female

Female

Male

Female

Female

Female

female

female

Female

Female

Gender should be nesenary

Female

female

female

Female

F

female

Female

female

Female

Female

female

Female

Female

F

Question 26

Which race/ethnicity best describes you?

Text input

Asian

Caucasian

White

Caucasian

Caucasian

White

Caucasian

White

white/caucasian

Caucasian

white

white

caucasian

white

white

hispanic

White

White

Caucasian

White

white

Caucasian

caucasian

white

White

Hispanic

Multi-ethnic

Caucasian

caucasian

White

Caucasian

White

Caucasian

Caucasian/native

White

White

Caucasian

white

Caucasian

White

Caucasian

Caucasian

White

White

Caucasian

White
Caucasian
White
bi racial
Caucasian
American Indian
White/Caucasian
Caucasion
caucasian
White
White
white
European Caucasian
hispanic
white
white
Mexican American
white
White
white
white
White
white
white
mexican
White
White
Caucasian
Hispanic
Caucasian
caucasian
white
Caucasian
White
This should be nesasary
White
white
caucasian
White
White
white
White, Hispanic
blanca
White
Mixed-Asian and Caucasian
white/hispanic
White
White
Caucasion
